

(Virginia Continued)

American Heart Association

Central Office
4217 Park Place Court
Glen Allen, VA 23060
(804)747-8334

Charlottesville Area
3025 Berkmar Drive
Charlottesville, VA 22901-1456
(804)973-5072

Northern Virginia Metro Area
7203 Poplar Street
Annandale, VA 2200
(703)941-8500

Piedmont Area
Lakeside Plaza Office
Bldg. B, #2
2250 Murrell Road
Lynchburg, VA 24501
(804)846-6559

Prince William Area
8735 Plantation Lane
Manassas, VA 22110
(703)361-2707

Richmond Metro Area
9881 Mayland Drive
Richmond, VA 23233
(804)527-0180

Roanoke Area
4504 Starkey Road, S.W.
Suite 115
Roanoke, VA 24014

Shenandoah Area
225 North High Street
Harrisonburg, VA 24112
(703)434-5703

Southern Virginia Area
112 Starling Ave. Suite C
Martinsville, VA 24112
(703)638-4033

Southwest Area
840 Cumberland Street
Suite B
Bristol, VA 24201
(703)466-9131

Tidewater Metro Area
360 Southport Circle
Suite 104
Virginia Beach, VA 23452
(804)671-8636

Virginia Peninsula Area
753 Thimble Shoals Blvd.
Suite 2-B
Newport News, VA 23606
(804)873-8703

WEST VIRGINIA

American Lung Association

Kanawa Valley Region
ALA of West Virginia
P.O. Box 3980
Charleston, WV 25339-3980
(304)342-6600

MonValley Region
ALA of West Virginia
P.O. Box 633
Morgantown, WV 26507-0633
(304)296-3542

Northern Panhandle Region
ALA of West Virginia
107 Methodist Bldg.
Wheeling, WV 26003-2927
(304)233-8020

North Central Division
331 McLain
P.O. Box 927
Wheeling, WV 26003

AHA State Office
211 35th Street S.E.
Charleston, WV 25304

American Cancer Society

1-800-ACS-2345

West Virginia Division Inc.
2428 Kanawa Blvd. East
Charleston, WV 25311
(304)344-3611

National Heart, Lung and
Blood Institute

Ann Garcelon
Office of Public Information
West Virginia Division of
Public Health
1900 Kanawa Blvd. East
Building 3 Room 206
Charleston, WV 25305
(304)348-0363

American Heart Association

Southwest Division
1336 Hal Greer Blvd.
Huntington, WV 25701

GTE SOUTH AREA

SMOKE-FREE WORKPLACE REIMBURSEMENT

TO: ACCOUNTS PAYABLE EMPLOYEE EXPENSE PROCESSING SECTION
MAIL CODE 8307E

Circle One: FL GTECC KY SE

I have met the requirements for reimbursement up to \$25 toward the cost of the smoking cessation program of my choice. Attached is a paid original receipt indicating completion of the program. I understand this amount is being reported to Payroll for inclusion in gross income on my W-2 form.

This is a one time offer that may be applied toward the reimbursement of the program.

Please return this completed form to:

Cindy A. Cline
One Tampa City Center
MC 67
Tampa, FL 33601

Employee's Signature

Social Security #

Mail Code

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FINANCIAL DISTRIBUTION

	ACCOUNT	CEC	BUDGET CENTER	PLANT CODE	E C	AMOUNT
GTECC	B870.00	40N	Y300	YF11	1	
or ALL OTHERS	7370.20	40N	Y300	YF11	1	

Approval _____

Title _____

Date _____

2025433600

NOTES

2025433601

2025433602

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Smoke-Free Workplace

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